



State of California
Bill Jones
Secretary of State

LIMITED LIABILITY COMPANY – STATEMENT OF INFORMATION

Filing Fee \$20.00 – If Amendment, See Instructions

IMPORTANT- Read Instructions Before Completing This Form

1. LIMITED LIABILITY COMPANY NAME: (Do not alter if name is preprinted.)

This Space For Filing Use Only



IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT OF INFORMATION ON FILE WITH THE CALIFORNIA SECRETARY OF STATE, CHECK THE BOX AND PROCEED TO ITEM 12.

2. SECRETARY OF STATE FILE NUMBER

3. STATE OR PLACE OF ORGANIZATION

4. PRINCIPAL EXECUTIVE OFFICE

STREET ADDRESS

CITY

STATE

ZIP CODE

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY)

STREET ADDRESS

CITY

STATE

CA

ZIP CODE

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

[] AN INDIVIDUAL RESIDING IN CALIFORNIA.

[] A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME:

7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

ADDRESS

CITY

STATE

CA

ZIP CODE

8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY.

9. LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER. ATTACH ADDITIONAL PAGES, IF NECESSARY.

a. NAME

ADDRESS

CITY

STATE

ZIP CODE

b. NAME

ADDRESS

CITY

STATE

ZIP CODE

c. NAME

ADDRESS

CITY

STATE

ZIP CODE

10. CHIEF EXECUTIVE OFFICER (CEO), IF ANY:

NAME

ADDRESS

CITY

STATE

ZIP CODE

11. NUMBER OF PAGES ATTACHED, IF ANY:

12. THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

TITLE

DATE

DUE DATE:

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF INFORMATION

Type or legibly print in black or blue ink.

Statutory filing provisions are found in California Corporations Code Section 17060, unless otherwise indicated.

Every **domestic or foreign limited liability company** shall file a statement with the California Secretary of State, within 90 days after filing of its original Articles of Organization or Application for Registration, and biennially thereafter during the applicable filing period. The applicable filing period for a limited liability company shall be the end of the calendar month during which its original Articles of Organization or Application for Registration were filed and the immediately preceding five calendar months.

A limited liability company is required to file a statement even though it may not be actively engaged in business at the time this statement is due.

FILING FEES: If this statement is the initial 90-day statement or a biennial statement, a **\$20.00** filing fee must accompany this statement.

Amendment: If this statement is being filed to amend any information on a previously filed statement, and is not a biennial filing, **no fee** is required.

Failure to file this completed form by its due date will result in the assessment of a penalty. The penalty for limited liability companies is \$250 (California Corporations Code Sections 17651(b) and 17653).

For further information, contact the Limited Liability Company Unit at (916) 653-3795.

- **Make check(s) payable to the Secretary of State.** Send the executed document and filing fee to:
California Secretary of State, Limited Liability Company Unit, P.O. Box 15659, Sacramento, CA 95852-0659
- The Secretary of State will endorse file one copy of the filed statement at no additional cost, provided that the copy is submitted to the Secretary of State along with the original to be filed.

Fill in the items as follows:

Item 1. Enter the name of the limited liability company.

Item 2. Enter the file number issued by the California Secretary of State.

IF THERE HAS BEEN ANY CHANGE TO THE LAST STATEMENT ON FILE WITH THE CALIFORNIA SECRETARY OF STATE, INCLUDING A CHANGE TO ANY ADDRESS, OR NO STATEMENT HAS EVER BEEN FILED, COMPLETE THIS STATEMENT IN ITS ENTIRETY (ITEMS 2 -12).

IF THERE HAS BEEN NO CHANGE IN THE INFORMATION CONTAINED IN THE LAST STATEMENT ON FILE WITH THE CALIFORNIA SECRETARY OF STATE, CHECK THE BOX AND PROCEED TO ITEM 12.

- Item 3.** If the limited liability company is organized outside the state of California, enter the state or place under the laws of which the limited liability company is organized.
- Item 4.** Enter the complete street address, city, state and zip code, of the principal executive office. DO NOT enter a P.O. Box or abbreviate the name of the city.
- Item 5.** Enter the complete street address, city and zip code of the office required to be maintained, pursuant to California Corporations Code Section 17057(a), if the limited liability company was formed under the laws of the State of California. DO NOT enter a P.O. Box or abbreviate the name of the city.
- Item 6.** Enter the name of the agent for service of process in California. Check the appropriate provision indicating whether the agent is an individual residing in California or a corporation which has filed a certificate pursuant to California Corporations Code Section 1505. If an individual is designated as agent, proceed to Item 7. If a corporation is designated, proceed to Item 8 (do not complete Item 7).
- Item 7.** If an individual is designated as the agent for service of process, enter the complete address in California. DO NOT enter "in care of" (c/o) or abbreviate the name of the city. DO NOT enter an address if a corporation is designated as the agent for service of process.
- Item 8.** Briefly describe the general type of business that constitutes the principal business activity of the limited liability company. (Example: Manufacturer of aircraft, Auto parts distributor, Retail department store).
- Item 9.** Enter the name and complete business or residential addresses of any manager or managers, appointed or elected in accordance with the Articles of Organization or Operating Agreement, or if no manager has been so elected or appointed, the name and business or residential address of each member. Attach additional pages, if necessary. DO NOT abbreviate the name of the city.
- Item 10.** Enter the name and complete business or residential address of the Chief Executive Officer (CEO), if any.
- Item 11.** Enter the number of pages attached, if any. All attachments should be 8 ½ " x 11", white paper, one-sided and legible.
- Item 12.** Type or print name and title of the person completing the form. Enter the date the form is completed.